

Name  
in  
Full

Lula May Brengton

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Allen</i> Town		County <i>Micomic</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>2</i>	Day <i>18</i>	Age <i>64</i> Years	Months <i>1</i>	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>nd</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Grant W. Brengton</i>			Father's Birthplace <i>nd</i>		
Mother's Maiden Name <i>Annie V. Brengton</i>			Mother's Birthplace <i>nd</i>		
Name of person giving information <i>Minnie Brengton</i>			How related to deceased <i>Wife</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Dysphoid Fever</i>	How long	<i>2 weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. A. Denson, M.D.</i>	
<i>yes</i>		Address <i>Mayland</i>	
Accident or Suicide?		<i>MA</i>	



Name in Full

Certificate of Death

Charles Ellegood Callaway

Town

County

MARYLAND

Died at

McConico

Date 19 02

Month

Day

Y.

M.

D.

Native of

Occupation

9 7

Age

1-8-12

Maryland

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Isaac M. Callaway

Mary B. Phillips

Cause of

Primary

Pneumonia

How long sick

93

Death

Immediate

Brain Fever

Accident, Suicide, Homicide

Reported by

James Brayshaw M.D.

Address

Delmar Delaware

Must be signed by physician, if any in attendance, otherwise, by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Wm. H. Collins*

Town *Salisbury* County *Wicomico* MARYLAND

Died at *Salisbury*

Date of death 190*2* Month *April* Day *25* Age *75* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Delaware*

Married, Single or Widowed *Married* Occupation *Shoemaker*

Name of Wife or Husband *Mary Collins*

Father's Name *William Collins* Father's Birthplace *Delaware*

Mother's Maiden Name *106* Mother's Birthplace *Delaware*

Name of person giving information *Geo. W. Collins* How related to deceased *Son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

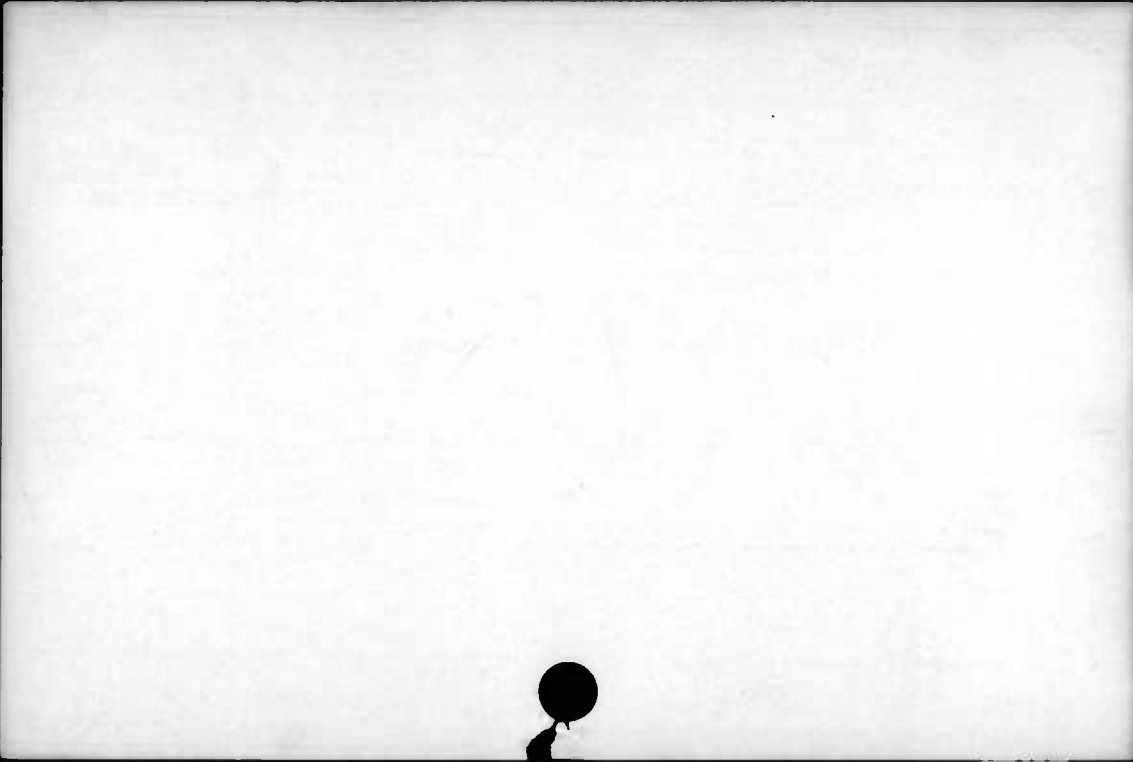
Primary *Chronic Discharge of Bladder* How long *Several months*

Immediate *Incontinence* *3 months* How long *Several days*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *F. H. Clements*

Address *Salisbury Md*

Accident or Suicide?



Engene O. Cooper

Died at <sup>Town</sup> Salisbury <sup>County</sup> Wicomico MARYLAND

Date 1902 <sup>Month</sup> Sept <sup>Day</sup> 14 Age 32 <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> Md <sup>Occupation</sup> Broom Mfg.

Male White Married Widew ~~Divorced~~  
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Maiden Name

Cause of Death { Primary Tuberculosis  
 Immediate Exhaustion  
 From Consumption

How long sick 18 months  
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Chas. E. Curtis

Town

County

Died at

Salisbury

Ancomico

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1902 Sept 6

Age

18-

Md

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Harry Curtis

Mother's

Name

Rachel A. Hainwright

Cause of

Primary

Typhoid

How long sick

6 weeks

Death

Immediate

Consumption

Accident, Suicide, Homicide

Reported by

Geo. H. Bond

Address

Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name  
in  
Full

## CERTIFICATE OF DEATH

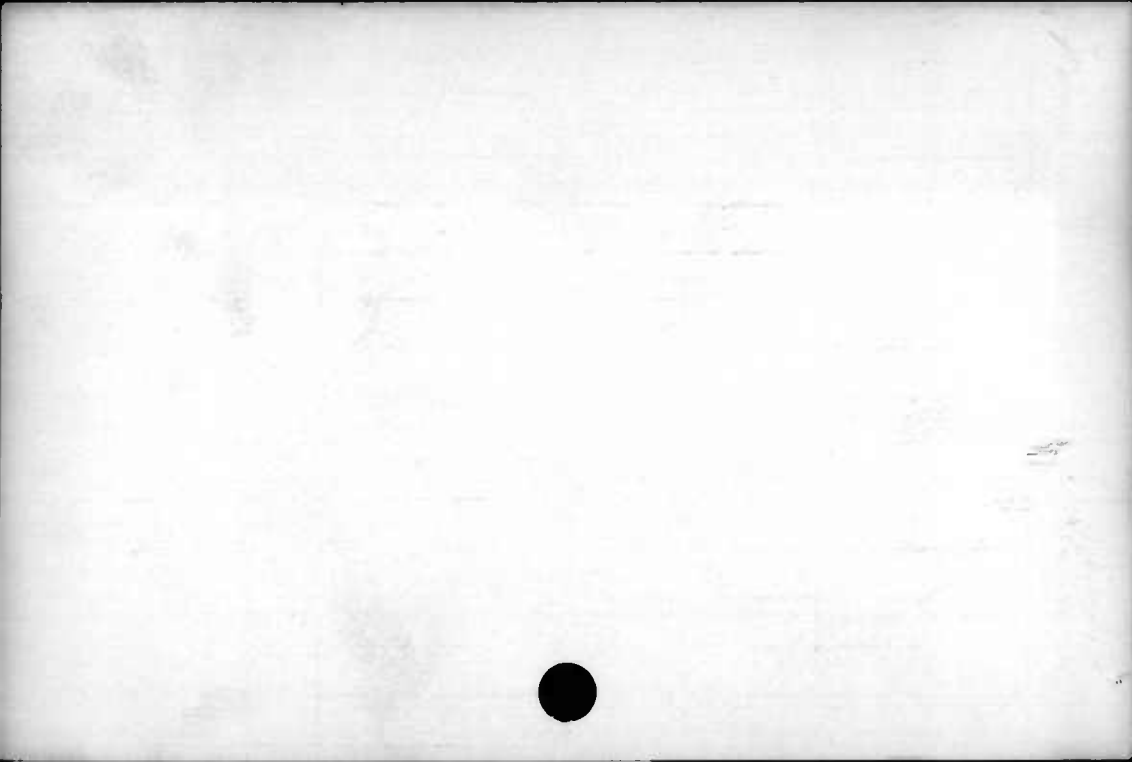
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i> Town		<i>Worcester</i> County		MARYLAND		
Date of death 190 <i>2</i>	Month <i>Apr</i>	Day <i>2</i>	Age	Years	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Salisbury</i>			
Married, Single or Widowed			Occupation			
Name of Wife or Husband						
Father's Name <i>Woodland Disham</i>			Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Emma Turner</i>			Mother's Birthplace <i>Md.</i>			
Name of person giving information			How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i>	How long <i>10 5</i>	How long <i>several weeks</i>
Immediate		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>F. M. Stemons</i>	
	Address <i>Salisbury Md.</i>	
<del>Accident or Suicide?</del>		



Name  
in  
Full

No name

## CERTIFICATE OF DEATH

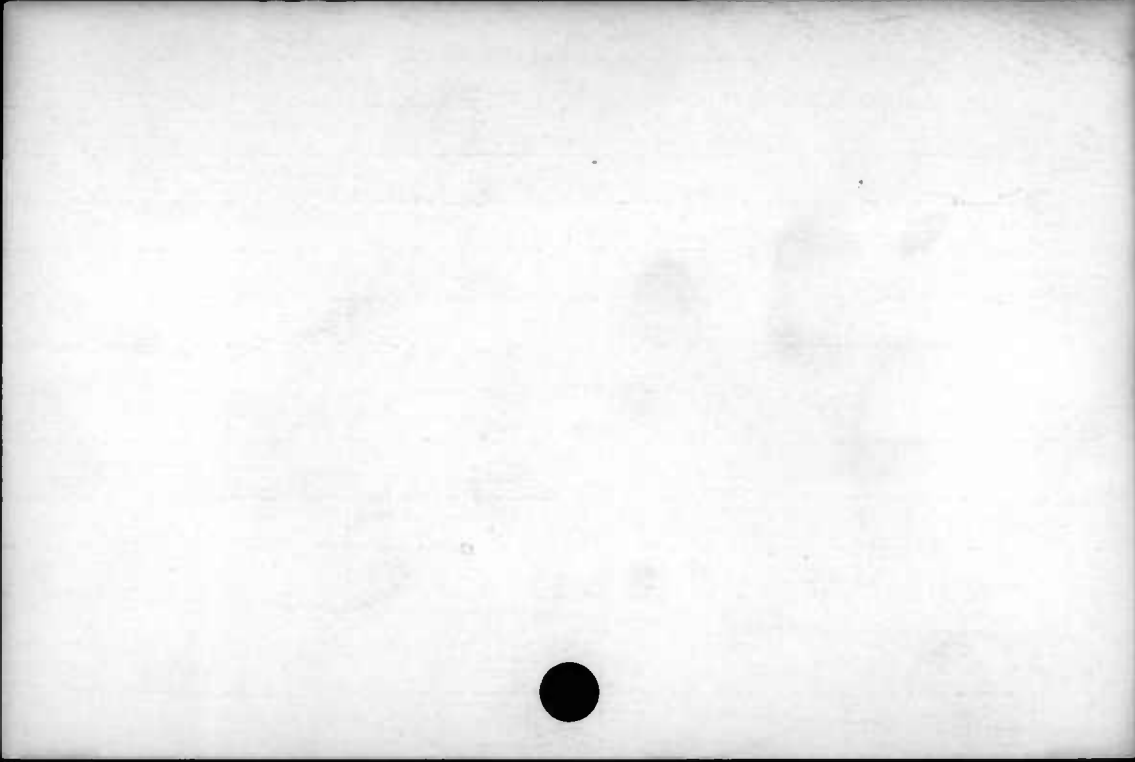
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date of death 190	Month <i>Sept</i>	Day <i>25th</i>	Age <i>0</i>	Years <i>0</i>	Months <i>0</i>	Days <i>0</i>	
Sex <i>girl</i>	Color or Race <i>Colored</i>		Birth- place <i>Salisbury</i>				
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name <i>Major Gray</i>				Father's Birthplace <i>Snow Hill</i>			
Mother's Maiden Name <i>Ellen Stewart</i>				Mother's Birthplace <i>Snow Hill</i>			
Name of person giving In formation <i>Major Gray</i>				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Borne dead</i>		How long
Immediate	<i>Borne dead</i>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Mrs. Purcell</i>	<i>Wife</i>
<i>Yes</i>		Address <i>Salisbury</i>	<i>Md</i>
Accident or Suicide?			



Louise C. Hall

Town

County

Died at

Salisbury

McMurry

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Sept. 28

Age 21

Maryland

Shoe factory

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living 0

Husband of

Wife

Father's

Name

Afreda Hall

Mother's

Maiden Name

Henrietta Sommers

Cause of

Primary

Doubt known

How long sick

36 hours

Death

Immediate

Doubt known

Accident, Suicide, Homicide

Reported by

J. M. Dick M. D.

Address

Salisbury, Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Alice Leckles.  
 Town County Wicomico

Died at Near Delmar

MARYLAND

Date 1902 9 3 Age 41-8-5- Native of Delaware Occupation  
 Male White Married Widowed Divorced  
 Female Colored Single Widower Number of children living 5-

Husband of John William Leckles  
 Father's Name W. B. Callaway Mother's Name Emeline Beach  
 Maiden Name

Cause of Death { Primary Typhoid Fever | How long sick 21 days  
 Immediate Heart-failure | Accident, Suicide, Homicide

Reported by James Brayshaw M.D.  
 Address Delmar Del.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Mrs. Fannie Leonard

## CERTIFICATE OF DEATH

Town

County

Died near Parsonsburg

Wicomico

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1902

Sept

12

Age

38

Sex

Female

Color or  
Race

White

Birth-  
place

Md

Married, Single  
or Widowed

Married

Occupation

Housewife

Name of Wife or  
Husband

J. Benjamin Leonard

Father's  
Name

J. L. Adkins

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Mary Parsons

Mother's  
Birthplace

Maryland

Name of person giving  
in formation

Virgil Hearn

How related  
to deceased

Brother in Law

## CAUSES OF DEATH

Primary

Typhoid Fever

How long

3 weeks

Immediate

Heart Failure

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

J. M. Clemmons

Address

Salisbury

Md.

Accident or Suicide?



Name In Full

Certificate of Death

Thomas Lee McDaniel

Town

County

Died at

MARYLAND

Date 1902 Sept 26 Age 18  
 Male White ~~Married~~ ~~Widow~~ ~~Divorced~~ ~~Widower~~  
 Occupation Farmer  
 Number of children living 0

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name  
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Full

Mrs. Louisa G. Miller

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Salisbury		County Wicomico		MARYLAND	
Date of death 1902	Month Sept.	Day 11	Age 36	Years 11	Months 6	Days	
Sex Female	Color or Race White		Birth- place Salisbury Md.				
Married, Single or Widowed Married			Occupation Housewife				
Name of Wife or Husband Walter B. Miller			135				
Father's Name Samuel A. Graham			Father's Birthplace Pennsylvania				
Mother's Maiden Name Louisa Collier			Mother's Birthplace Maryland				
Name of person giving In formation Louis W. Gentry			How related to deceased Brother in law				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Placental separation	How long 12 hours
Immediate Ante- & post-partal hemorrhage	How long 2 hours
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. M. Dick
	Address Salisbury, Md.
Accident or Suicide?	





Name In Full

Certificate of Death

*Mary Charlotte Cliphart*  
 Town County *K. Comico* MARYLAND

Died at

Date *1902* Month *9* Day *6* Y. *23* M. *6* D. *13* Native of *Maryland* Occupation  
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name  
in  
Full

## CERTIFICATE OF DEATH

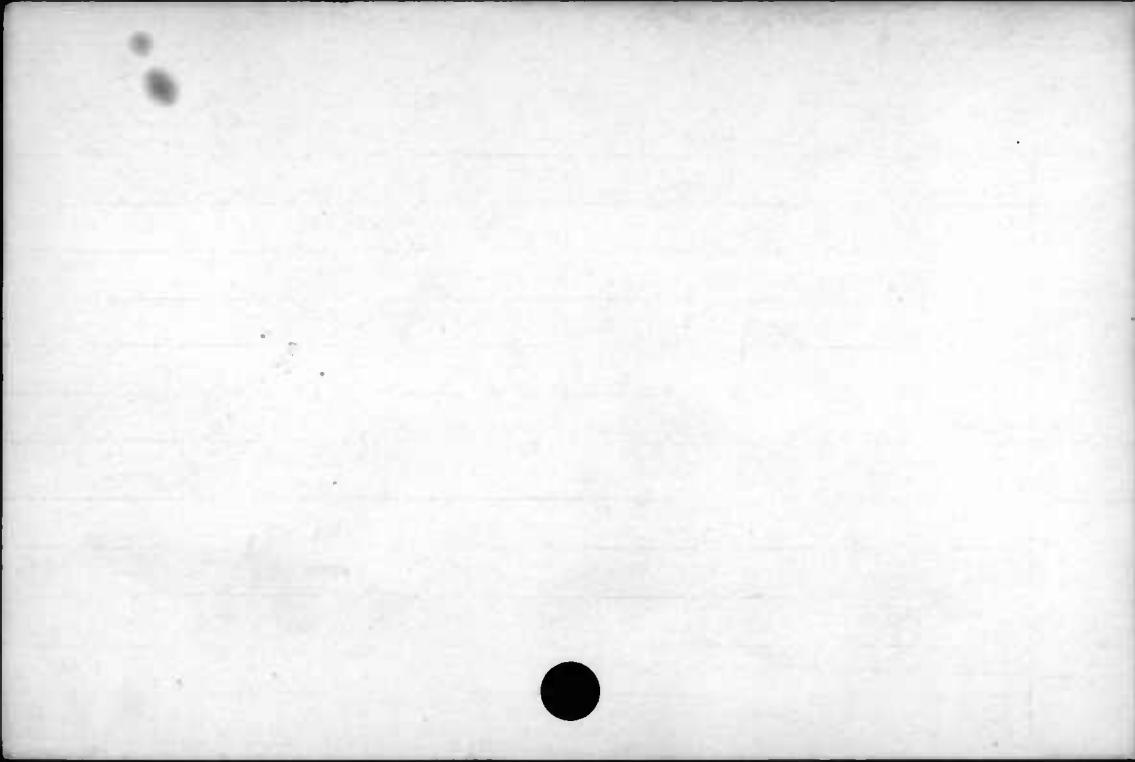
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Mrs. Willie Parker</i>		Town		County <i>Wilcomie</i>		State <i>MARYLAND</i>	
Died at <i>Saturday</i>		Month		Day		Years	
Date of death <i>1902</i>		<i>Sept.</i>		<i>13</i>		Age <i>35</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Wilcomie Co.</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>					
Name of wife or Husband <i>Elisha H. Parker</i>							
Father's Name <i>William M. Gordy</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Oliphant</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Samuel Downing</i>				How related to deceased <i>Friend</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>		How long <i>5 years or more</i>	
Immediate <i>Anoxia &amp; Decubitus</i>		How long <i>6 weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Louis W. Morris M.D.</i>	
		Address <i>Orleans, La.</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

Infant Child

Died at <sup>Town</sup> *Norfolk Mandela* <sup>County</sup> *Wicomico* MARYLAND

Date 1902 *9-25* Age *1* *Wicomico* *---*

Male ~~White~~ Married Widow Divorced  
 Female Colored Single Widower Number of children living *---*

Husband of

Wife

Father's Name *Louis F. Waller* *151* Mother's Maiden Name *Eduith. Polk*

Cause of Primary

How long sick

Death Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Infant

Died at *Shad Point* Town *Wicomico* County *MARYLAND*

Date of death 190*2* Month *Sept* Day *9th* Age *7* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Maryland*

Married, Single or Widowed *Single* Occupation

Name of Wife or Husband

Father's Name *George Williams* Father's Birthplace *Wicomico Co.*

Mother's Maiden Name *Rena Fields* Mother's Birthplace *Wicomico Co.*

Name of person giving information *105* How related to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Gastro-Intestinal Infection* How long *12 Hours*

Immediate *Trauma* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Louis W. Allen, M.D.*

Address *Delaware, Md.*

~~Accident or Suicide?~~

